SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual	Section: ADMINISTRATIVE REQUIREMENTS
	Subject: Provider Requirements

GENERAL MEDICAID SERVICES 37.85.401

Subchapter 4

Provider Requirements

37.85.401 PROVIDER PARTICIPATION (1) As a condition of participation in the Montana Medicaid program all providers must comply with all applicable state and federal statutes, rules and regulations, including but not limited to federal regulations and statutes found in Title 42 of the Code of Federal Regulations and the United States Code governing the Medicaid program and all applicable Montana statutes and rules governing licensure and certification. (History: Sec. 53-6-113, MCA;IMP,Sec.53-2-201, 53-6-101, 53-6-111, 53-6-113 and 53-6-141, MCA;NEW,1980MARp.1491,Eff.5/16/80;AMD, 1997 MAR p. 474, Eff. 3/11/97; TRANS, from SRS, 2000 MAR p. 479.)

NEXT PAGE IS 37-19503

37.85.402 PROVIDER ENROLLMENT AND AGREEMENTS

(1) Providers must enroll in the Montana Medicaid program for each category of services to be provided. As a condition of granting enrollment approval or of allowing continuing enrollment, the department may require the provider to:

(a) complete and submit an enrollment application or form;

(b) complete and submit agreements or other forms applicable to the provider's category of service;

(c) provide information and documentation regarding ownership and control of the provider entity and regarding the provider's ownership interest or control rights in other providers that bill Medicaid;

(d) provide information and documentation regarding:

(i) any sanctions, suspensions, exclusions or civil monetary penalties imposed by the Medicare program, any state Medicaid program or other federal program against the provider, a person or entity with an ownership or control interest in the provider or an agent or managing employee of the provider; and

(ii) any criminal charges brought against and any criminal convictions of the provider, a person or entity with an ownership or control interest in the provider or an agent or managing employee of the provider related to that person’s or entity's involvement in Medicare, Medicaid or the Title XX services program; and

(e) submit documentation and information demonstrating compliance with participation requirements applicable to the provider's category of service.

(2) Providers shall provide the department's fiscal agent with 30daysadvancewrittennoticeofanychangeinthe provider's name, address, tax identification number, group practice arrangement, business organization or ownership.

(a) An enrolled provider is not entitled to change retroactively the category of service for which the provider is enrolled, but must enroll prospectively in the new program category. The change in service category will be effective only upon approval of a completed enrollment application for the new service category and on or after the effective date of all required licenses and certifications. The change will apply only to services provided on or after the effective date of the enrollment change.

(3) Except as provided in (2)(a), an approved enrollment is effective on the later of:

(a) 1 year prior to the date the completed enrollment application is received by the department's fiscal agent; or

(b) the date as of which all required licenses and certifications are effective.

ADMINISTRATIVE RULES OF MONTANA 3/31/00 37-19503

37.85.402 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

(4) Providers, whose services are covered by the Title XVIII program (Medicare), shall meet the certification standards of Medicare except as provided otherwise in these rules.

(5) Providers shall render services to an eligible Medicaid recipient in the same scope, quality, duration and method of delivery as to the general public, unless specifically limited by these regulations.

(a) No provider may deny services to any recipient because of the recipient's inability to pay a co-payment in ARM 37.83.826 or in ARM 37.85.204.

(6) Providers shall not discriminate illegally in the provision of service to eligible Medicaid recipients or in employment of persons on the grounds of race, creed, religion, color, sex, national origin, political ideas, marital status, age or disability. Providers shall comply with the Civil Rights Act of 1964(42USC2000d, et seq.), The Age Discrimination Act of 1975 (42 USC 6101, et seq.), The Americans With Disabilities Act of 1990 (42 USC 12101, et seq.), section 504 of the Rehabilitation Act of 1973 (29 USC 794), and the applicable provisions of Title 49, MCA, as amended and all regulations and rules implementing the statutes. (History: Sec. 53-2-201 and 53-6-113, MCA;IMP,Sec.53-2-201,53-6-101,53-6-111, 53-6-113, 53-6-131 and 53-6-141,MCA;NEW,1980MARp.1491,Eff.5/16/80; AMD, 1983 MAR p. 1197, Eff. 8/26/83; AMD,1987MARp.900,Eff.6/30/87;AMD, 1987 MAR p.1116,Eff. 7/17/87; AMD,1989MARp.835,Eff.6/30/89;AMD,1997 MAR p. 474, Eff. 3/11/97; TRANS, from SRS, 2000 MAR p. 479.)